

**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, question 20.**

▶ **Attach to Form 990.**

▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Name of the organization

Employer identification number

ST. CATHERINE HOSPITAL, INC.

35-1738708

Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	<input checked="" type="checkbox"/>	
1b If "Yes," was it a written policy?	<input checked="" type="checkbox"/>	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	<input checked="" type="checkbox"/>	
b Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input checked="" type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	<input checked="" type="checkbox"/>	
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	<input checked="" type="checkbox"/>	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	<input checked="" type="checkbox"/>	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?		<input checked="" type="checkbox"/>
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		
6a Did the organization prepare a community benefit report during the tax year?	<input checked="" type="checkbox"/>	
b If "Yes," did the organization make it available to the public?	<input checked="" type="checkbox"/>	

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)		1528	1,855,954.	28,317.	1,827,637.	1.03
b Medicaid (from Worksheet 3, column a)		40208	53,316,940.	50,460,665.	2,856,275.	1.61
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs		41736	55,172,894.	50,488,982.	4,683,912.	2.64
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	277	9165	2,309,086.		2,309,086.	1.30
f Health professions education (from Worksheet 5)	3	332	210,568.		210,568.	.12
g Subsidized health services (from Worksheet 6)	9	590	9,252,586.	8,437,450.	815,136.	.46
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)	28		41,305.		41,305.	.02
j Total Other Benefits	317	10087	11,813,545.	8,437,450.	3,376,095.	1.90
k Total. Add lines 7d and 7j	317	51823	66,986,439.	58,926,432.	8,060,007.	4.54

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule H (Form 990) 2018

Part II Community Building Activities Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building	14	1118	10,954.		10,954.	.01
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 Total	14	1118	10,954.		10,954.	.01

Part III Bad Debt, Medicare, & Collection Practices**Section A. Bad Debt Expense**

	Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1 X	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2 1,229,707.	
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3 12,297.	
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.		

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	5 55,605,632.	
6 Enter Medicare allowable costs of care relating to payments on line 5	6 61,928,700.	
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7 -6,323,068.	
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input checked="" type="checkbox"/> Cost accounting system <input type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

Section C. Collection Practices

9a Did the organization have a written debt collection policy during the tax year?	9a X	
b If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b X	

Part IV Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians - see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

Part V Facility Information (continued)**Section B. Facility Policies and Practices**

(complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Name of hospital facility or letter of facility reporting group ST. CATHERINE HOSPITAL, INC.

Line number of hospital facility, or line numbers of hospital

facilities in a facility reporting group (from Part V, Section A): 1**Community Health Needs Assessment**

	Yes	No
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		X
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C		X
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	X	
If "Yes," indicate what the CHNA report describes (check all that apply):		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>19</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	X	
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	X	
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C		X
7 Did the hospital facility make its CHNA report widely available to the public?	X	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>HTTPS://WWW.COMHS.ORG/</u>		
b <input type="checkbox"/> Other website (list url): _____		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	X	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>19</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	X	
a If "Yes," (list url): <u>SEE PART V DISCLOSURE</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V Facility Information (continued)**Financial Assistance Policy (FAP)**Name of hospital facility or letter of facility reporting group ST. CATHERINE HOSPITAL, INC.

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	X	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200.0000</u> % and FPG family income limit for eligibility for discounted care of <u>300.0000</u> %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance status		
g	<input type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	X	
15	Explained the method for applying for financial assistance?	X	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):			
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility?	X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>HTTPS://WWW.COMHS.ORG/</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART V DISCLOSURE</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE PART V DISCLOSURE</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations		
j	<input type="checkbox"/> Other (describe in Section C)		

Schedule H (Form 990) 2018

Part V Facility Information (continued)**Billing and Collections**

Name of hospital facility or letter of facility reporting group ST. CATHERINE HOSPITAL, INC.

	Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17 X	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
a <input type="checkbox"/> Reporting to credit agency(ies)		
b <input type="checkbox"/> Selling an individual's debt to another party		
c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
d <input type="checkbox"/> Actions that require a legal or judicial process		
e <input type="checkbox"/> Other similar actions (describe in Section C)		
f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19	X
If "Yes," check all actions in which the hospital facility or a third party engaged:		
a <input type="checkbox"/> Reporting to credit agency(ies)		
b <input type="checkbox"/> Selling an individual's debt to another party		
c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
d <input type="checkbox"/> Actions that require a legal or judicial process		
e <input type="checkbox"/> Other similar actions (describe in Section C)		
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):		
a <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)		
b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)		
c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)		
d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)		
e <input type="checkbox"/> Other (describe in Section C)		
f <input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	21	X
If "No," indicate why:		
a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b <input type="checkbox"/> The hospital facility's policy was not in writing		
c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
d <input type="checkbox"/> Other (describe in Section C)		

Schedule H (Form 990) 2018

Part V Facility Information *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**Name of hospital facility or letter of facility reporting group ST. CATHERINE HOSPITAL, INC.

		Yes	No
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.		
a	<input checked="" type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b	<input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
c	<input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
d	<input type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method		
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Section C.	23	X
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Section C.	24	X

Schedule H (Form 990) 2018

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

PART V, SECTION B, LINE 5 - COMMUNITY STAKEHOLDERS

THE CHNA COLLECTED INPUT FROM PEOPLE REPRESENTING THE BROAD INTERESTS OF THE OVERALL COMMUNITY INCLUDING THOSE WITH SPECIALIZED KNOWLEDGE OF OR EXPERTISE IN, PUBLIC HEALTH AND RESIDENTS OF THE COMMUNITIES THE HOSPITALS SERVE. THE HEALTHCARE SYSTEM PARTNERED WITH OTHER HOSPITAL SYSTEMS, FOUNDATIONS AND NONPROFITS TO CONDUCT A RESIDENT SURVEY. DATA FROM A VARIETY OF FEDERAL, STATE AND LOCAL ENTITIES WAS ALSO REVIEWED.

FOCUS GROUPS WERE ORGANIZED THROUGHOUT LAKE COUNTY, INDIANA. THE GOAL OF THE FOCUS GROUPS WAS TO UNDERSTAND THE NEEDS, ASSETS, AND POTENTIAL RESOURCES IN VARIOUS COMMUNITIES AND TO STRATEGIZE HOW THE HOSPITALS CAN PARTNER WITH COMMUNITIES TO BUILD RESILIENCY. THESE FOCUS GROUPS FOCUSED ON GATHERING INFORMATION FROM COMMUNITY MEMBERS AND LOCAL PROFESSIONALS WHO HAVE DIRECT KNOWLEDGE AND EXPERIENCE RELATED TO THE HEALTH DISPARITIES IN THE REGION. DETAILS CAN BE FOUND IN THE APPENDIX OF THE CHNA (SECTION 8).

PART V, SECTION B, LINE 6A - HOSPITAL FACILITIES CHNA WAS CONDUCTED WITH COMMUNITY HEALTHCARE SYSTEM:

COMMUNITY HOSPITAL

ST. MARY MEDICAL CENTER, INC.

FRANCISCAN ALLIANCE:

ST. ANTHONY HEALTH

ST. MARGARET HEALTH - HAMMOND

ST. MARGARET HEALTH - DYER

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

THE METHODIST HOSPITALS, INC.:

NORTHLAKE CAMPUS

SOUTHLAKE CAMPUS

PART V, SECTION B, LINE 10A - IMPLEMENTATION STRATEGY WEBSITE

THE IMPLEMENTATION STRATEGY IS AVAILABLE AT THIS WEBSITE ADDRESS (URL) -

[HTTPS://WWW.COMHS.ORG/ABOUT-US/COMMUNITY-HEALTH-NEEDS-ASSESSMENT](https://www.comhs.org/about-us/community-health-needs-assessment)

PART V, SECTION B, LINE 11 - CHNA SIGNIFICANT NEEDS IDENTIFIED

ST. CATHERINE HOSPITAL

2019 COMMUNITY HEALTH NEEDS ASSESSMENT IMPLEMENTATION PLAN

OVERVIEW:

THE HOSPITALS OF THE COMMUNITY HEALTHCARE SYSTEM - COMMUNITY HOSPITAL,
ST. CATHERINE HOSPITAL AND ST. MARY MEDICAL CENTER - CONDUCTED A
COMMUNITY HEALTH NEEDS ASSESSMENT IN 2019 WITH COOPERATION FROM AREA
NOT-FOR-PROFIT HOSPITALS. THE PURPOSE OF THIS STUDY WAS TO GATHER
QUANTITATIVE AND QUALITATIVE DATA TO IDENTIFY MAJOR HEALTH CHALLENGES IN
OUR COMMUNITIES. THE FULL COMMUNITY HEALTH NEEDS ASSESSMENT CAN BE FOUND
ON THE COMMUNITY HEALTHCARE SYSTEM WEBSITE.

THE 2019 IMPLEMENTATION PLAN BUILDS ON THE PROGRESS AND EVER-CHANGING
HEALTHCARE NEEDS OF THE COMMUNITIES SERVED BY ST. CATHERINE HOSPITAL. IT
TAKES INTO ACCOUNT THE FINDINGS OF THE 2013, 2016 AND 2019 COMMUNITY
HEALTH NEEDS ASSESSMENTS THAT EXAMINES THE CHALLENGES AND OPPORTUNITIES

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

FOR ADDRESSING HEALTH DISPARITIES AND IMPROVING THE QUALITY OF LIFE FOR
THE RESIDENTS WE SERVE.

THE COMMUNITY HEALTH NEEDS ASSESSMENT GATHERED QUANTITATIVE AND
QUALITATIVE DATA TO PINPOINT MAJOR HEALTH CHALLENGES AND SET A ROADMAP
FOR IMPROVEMENT IN OUR COMMUNITIES. WHILE OUR COMMUNITY CONTINUES TO LAG
IN KEY HEALTH MEASURES, THERE WERE NOTED IMPROVEMENTS FROM THE 2016
STUDY.

EFFORTS TO IMPROVE ACCESS TO CARE, ENGAGE PATIENTS IN MEANINGFUL
DISCUSSIONS ABOUT LIFESTYLE CHOICES AND INCREASE PREVENTATIVE SCREENING
OPPORTUNITIES ARE HAVING A POSITIVE IMPACT ON THE HEALTH OF THE
COMMUNITY. THE 2019 IMPLEMENTATION PLAN BUILDS ON THESE STRATEGIES AND
CONSIDERS NEW ONES TO DRIVE FURTHER IMPROVEMENTS.

AREAS OF OPPORTUNITY IN THE ST. CATHERINE HOSPITAL SERVICE AREA

ST. CATHERINE HOSPITAL IS A 211-BED, ACUTE CARE HOSPITAL SERVING A
DIVERSE COMMUNITY IN EAST CHICAGO AND SURROUNDING CITIES THAT INCLUDE
HAMMOND, WHITING AND PORTIONS OF GARY. THE HOSPITAL, WHICH ALSO OPERATES
OUTPATIENT CENTERS IN HAMMOND, HIGHLAND AND EAST CHICAGO, OFFERS NUMEROUS
FREE COMMUNITY OUTREACH PROGRAMS, SPECIAL EVENTS, PREVENTATIVE SCREENINGS
AND SUPPORT GROUPS THAT AIM TO HELP TO IMPROVE HEALTH, WELLNESS AND
QUALITY OF LIFE IN NORTHWEST INDIANA.

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

THE FOLLOWING ISSUES WERE IDENTIFIED AS AREAS OF OPPORTUNITY IN THE ST.

CATHERINE HOSPITAL SERVICE AREA:

- . CANCER
- . DIABETES
- . HEART DISEASE AND STROKE
- . INJURY AND VIOLENCE PREVENTION
- . MATERNAL, INFANT AND CHILD HEALTH
- . MENTAL HEALTH AND DEMENTIA, INCLUDING ALZHEIMER'S DISEASE
- . NUTRITION, PHYSICAL ACTIVITY AND WEIGHT (OBESITY)
- . TOBACCO USE AND SUBSTANCE ABUSE

THE FOLLOWING ISSUES WERE ALSO IDENTIFIED AS OPPORTUNITIES TO HAVE A
POSITIVE EFFECT ON THE HEALTH OF THE COMMUNITY:

- . ACCESS TO HEALTH SERVICES
- . ARTHRITIS, OSTEOPOROSIS AND BACK CONDITIONS
- . FAMILY PLANNING
- . IMMUNIZATION AND INFECTIOUS DISEASE
- . ORAL HEALTH
- . UNEMPLOYMENT AND JOB TRAINING

WITH THESE AREAS OF OPPORTUNITY IDENTIFIED, ST. CATHERINE HOSPITAL WILL
DRAW UPON THE EXPERTISE OF EMPLOYED PHYSICIAN GROUPS, STAFF AND
AFFILIATIONS WITHIN NORTHWEST INDIANA WHILE WORKING IN TANDEM WITH
COMMUNITY HEALTHCARE SYSTEM.

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

ST. CATHERINE HOSPITAL HAS ESTABLISHED IMPORTANT ALLIANCES WITH THE
BUSINESS COMMUNITY, GOVERNMENT LEADERS, SCHOOLS AND COMMUNITY-BASED
ORGANIZATIONS TO CREATE A NETWORK OF ACCESSIBLE HEALTH PROGRAMS ACROSS
ITS SERVICE AREA.

COLLABORATION WITH CHURCHES IN EAST CHICAGO AND HAMMOND, AND
NOT-FOR-PROFIT GROUPS, HAS HELPED TO BROADEN AND STRENGTHEN THE
HOSPITALS' OUTREACH TO THE PUBLIC FOR PREVENTIVE HEALTH SCREENINGS AND
EDUCATION.

ADDRESSING COMMUNITY NEEDS

THE 2019 COMMUNITY HEALTH NEEDS ASSESSMENT SHOWED SOME GAINS SINCE 2016
AND DEMONSTRATED THAT PROGRESS TO ACHIEVE GOALS IDENTIFIED IN THE HEALTHY
PEOPLE (HP) 2020 INITIATIVES CONTINUES TO BE MET.

FOR THAT REASON, OUR HOSPITAL WILL CONTINUE TO FOCUS ON FOLLOWING
PRIORITY AREAS TO ACHIEVE HP 2020 GOALS:

CANCER

DIABETES, HEART DISEASE AND STROKE

NUTRITION, EXERCISE AND OBESITY

MATERNAL, INFANT & CHILD HEALTH

MENTAL HEALTH

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

BECAUSE WE BELIEVE THE STRIDES, RELATIONSHIPS AND COLLABORATIVE EFFORTS
THAT HAVE COALESCED SINCE 2013 HAVE A COMMON LINK TO MODIFIABLE LIFESTYLE
RISK FACTORS, EDUCATION AND ACCESS TO MEDICAL SERVICES - AND MORE
IMPORTANTLY, THAT PROGRAMS AND INITIATIVES PUT IN PLACE ARE SHOWING
MEASURED GAINS - ST. CATHERINE HOSPITAL WILL SEEK TO:

DEVELOP PARTNERSHIPS AND COLLABORATIONS FOR OUTREACH SCREENINGS AND
WELLNESS PROGRAMS IN THE COMMUNITY WITH A FOCUS ON EXERCISE,
CARDIOVASCULAR DISEASE AND DIABETES PREVENTION, DIET AND NUTRITION,
MATERNAL AND INFANT HEALTH, MENTAL HEALTH AND CANCER CARE CLOSE TO HOME

EXPAND BEST PRACTICE EFFORTS AND HEALTHCARE SERVICES THROUGH THE
PRIMARY CARE SETTING, IN PARTICULAR, WITH OUR EMPLOYED PHYSICIANS GROUP

INCREASE ACCESS TO AFFORDABLE QUALITY MEDICAL CARE TO A DIVERSE,
BILINGUAL POPULATION AT-RISK FOR MULTIPLE COEXISTING CHRONIC DISEASES

EXPAND COLLABORATION WITH SCHOOLS, GOVERNMENT ENTITIES AND COLLEGES
IN EAST CHICAGO, HAMMOND AND WHITING ON HEALTHCARE CAREER PATHWAYS FOR
DISADVANTAGED YOUTH

LEVERAGE OUR RESOURCES TO PROVIDE SERVICES BY PARTNERING WITH OTHER
COMMUNITY GROUPS AND SEEKING GRANT FUNDING

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

EXPAND TELEMEDICINE OPPORTUNITIES TO IMPROVE PATIENT OUTCOMES AND

ENHANCE ACCESS TO PRIMARY CARE

COMMUNITY HEALTH NEEDS: AREAS NOT ADDRESSED

THE COMMUNITY HEALTH NEEDS ASSESSMENT BY THE HOSPITALS OF THE COMMUNITY

HEALTHCARE SYSTEM IDENTIFIED AREAS OF CONCERN, NOT IDENTIFIED IN THE

IMPLEMENTATION PLAN. THESE AREAS INCLUDE:

- . ACCESS TO HEALTH SERVICES
- . CHRONIC KIDNEY DISEASE
- . SUBSTANCE ABUSE
- . INJURY AND VIOLENCE PREVENTION
- . ORAL AND DENTAL HEALTH
- . LUNG AND PULMONARY CARE

MANY OF THESE AREAS ARE BEING ADDRESSED BY THE HOSPITALS OF THE COMMUNITY

HEALTHCARE SYSTEM, AS WELL AS OTHER COMMUNITY AND NOT-FOR-PROFIT

ORGANIZATIONS.

Part V **Facility Information** *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

PART V, SECTION B, LINE 16B - FAP APPLICATION FORM WEBSITE

THE FAP APPLICATION FORM IS AVAILABLE AT THIS WEBSITE ADDRESS (URL) -

HTTPS://WWW.COMHS.ORG/ABOUT-US/PATIENT-RESOURCES/FINANCIAL-ASSISTANCE-PROG

RAM

PART V, SECTION B, LINE 16C - FAP PLAIN LANGUAGE SUMMARY WEBSITE

THE FAP PLAIN LANGUAGE SUMMARY IS AVAILABLE AT THIS WEBSITE ADDRESS

(URL) -

HTTPS://WWW.COMHS.ORG/ABOUT-US/PATIENT-RESOURCES/FINANCIAL-ASSISTANCE-PROG

RAM

Part V Facility Information *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**
(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? _____

Name and address	Type of Facility (describe)
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

Schedule H (Form 990) 2018

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

PART I, LINE 3C-FACTORS OTHER THAN FPG USED TO DETERMINE FAP ELIGIBILITY:

IN ADDITION TO FPG, THE CRITERIA OF ASSET LEVEL, MEDICAL INDIGENCY,
INSURANCE STATUS, AND UNDERINSURANCE STATUS WERE USED IN DETERMINING
ELIGIBILITY FOR FREE OR DISCOUNTED CARE.

PART I, LINE 6A - WAS A COMMUNITY BENEFIT REPORT PREPARED:

THE STATE OF INDIANA ACCEPTS FORM 990 SCHEDULE H IN LIEU OF A COMMUNITY
BENEFIT REPORT. ST. CATHERINE HOSPITAL, INC. MAKES ITS 990 AVAILABLE TO
THE PUBLIC.

PART I, LINE 7 - FINANCIAL ASSISTANCE & OTHER COMMUNITY BENEFITS AT COST:

COST ACCOUNTING SYSTEM WAS USED FOR COMPUTATIONS. BAD DEBT IS EXCLUDED
FROM THE CALCULATION. MEDICAID DIRECT OFFSETTING REVENUE INCLUDES THE
INCREASED HAF REIMBURSEMENT AND DSH. THE EXPENSE INCLUDES THE HAF FEE.

PART II - COMMUNITY BUILDING ACTIVITIES:

COALITION BUILDING (LINE 6) - THIS CATEGORY IS TO INCLUDE "PARTICIPATION
IN COMMUNITY COALITIONS AND OTHER COLLABORATIVE EFFORTS WITH THE

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

COMMUNITY TO ADDRESS HEALTH AND SAFETY ISSUES." HERE WE HAVE INCLUDED

COSTS FOR PROGRAMS PRESENTED MAINLY AT AREA SCHOOLS WHICH WERE DESIGNED

TO PROVIDE EDUCATION IN THE AREAS OF HEALTH, SAFETY AND CRIME PREVENTION.

PART III, LINE 2 - METHODOLOGY USED TO ESTIMATE BAD DEBT AT COST:

THE COST TO CHARGE RATIO PER THE S-10 WORKSHEET OF THE MEDICARE COST

REPORT IS USED TO ESTIMATE BAD DEBT AT COST.

PART III, LINE 3 - BAD DEBT EXPENSE ATTRIBUTABLE TO FAP ELIGIBLE PATIENTS:

WE ESTIMATE 1% OF THE BAD DEBT EXPENSE TO BE ATTRIBUTABLE TO PATIENTS

ELIGIBLE FOR FINANCIAL ASSISTANCE.

PART III, LINE 4 - BAD DEBT EXPENSE FOOTNOTE FROM AUDIT:

PATIENT SERVICE REVENUE, NET OF CONTRACTUAL ALLOWANCES AND DISCOUNTS, IS

REDUCED BY THE PROVISION FOR BAD DEBTS, AND NET ACCOUNTS RECEIVABLE ARE

REDUCED BY AN ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS. THE PROVISION FOR BAD

DEBTS IS BASED UPON MANAGEMENT'S ASSESSMENT OF HISTORICAL AND EXPECTED

NET COLLECTIONS, TAKING INTO CONSIDERATION THE TRENDS IN HEALTH CARE

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

COVERAGE, ECONOMIC TRENDS, AND OTHER COLLECTION INDICATORS. MANAGEMENT
REGULARLY ASSESSES THE ADEQUACY OF THE ALLOWANCES BASED UPON HISTORICAL
WRITE-OFF EXPERIENCE BY MAJOR PAYOR CATEGORY AND AGING BUCKET. THE
RESULTS OF THE REVIEW ARE THEN UTILIZED TO MAKE MODIFICATIONS, AS
NECESSARY, TO THE PROVISION FOR BAD DEBTS TO PROVIDE FOR AN APPROPRIATE
ALLOWANCE FOR BAD DEBTS. A SIGNIFICANT PORTION OF THE HOSPITALS'
UNINSURED PATIENTS WILL BE UNABLE OR UNWILLING TO PAY FOR SERVICES
PROVIDED, AND A SIGNIFICANT PORTION OF THE HOSPITALS' INSURED PATIENTS
WILL BE UNABLE OR UNWILLING TO PAY FOR CO-PAYMENTS AND DEDUCTIBLES. THUS,
THE HOSPITALS RECORD A SIGNIFICANT PROVISION FOR BAD DEBTS RELATED TO
UNINSURED PATIENTS IN THE PERIOD THE SERVICES ARE PROVIDED. AFTER ALL
REASONABLE COLLECTION EFFORTS HAVE BEEN EXHAUSTED IN ACCORDANCE WITH
CFNI'S POLICY, ACCOUNTS RECEIVABLE ARE WRITTEN OFF AND CHARGED AGAINST
THE ALLOWANCE FOR BAD DEBTS.

PART III, LINE 8 - WHY MEDICARE SHORTFALL SHOULD BE COMMUNITY BENEFIT:
WE PROVIDE NECESSARY SERVICES REGARDLESS OF THE PATIENT'S ABILITY TO PAY
FOR THE SERVICE PROVIDED OR THE REIMBURSEMENT RECEIVED FROM MEDICARE,

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

QUALIFYING THE SHORTFALL AS A COMMUNITY BENEFIT. THE MEDICARE ALLOWABLE
COSTS OF CARE WERE CALCULATED BY USING INFORMATION FROM THE COST
ACCOUNTING SYSTEM.

PART III, LINE 9B - COLLECTION PRACTICES FOR QUALIFYING FA PATIENTS:
COLLECTION POLICIES ARE THE SAME FOR ALL PATIENTS. PATIENTS ARE SCREENED
FOR ELIGIBILITY FOR FINANCIAL ASSISTANCE BEFORE COLLECTION PROCEDURES
BEGIN. IF AT ANY POINT IN THE COLLECTION PROCESS, DOCUMENTATION IS
RECEIVED THAT INDICATES THE PATIENT IS POTENTIALLY ELIGIBLE FOR FINANCIAL
ASSISTANCE BUT HAS NOT APPLIED FOR IT, THE ACCOUNT IS REFERRED BACK FOR A
FINANCIAL ASSISTANCE REVIEW.

2. NEEDS ASSESSMENT

THE MOST RECENT CHNA WAS CONDUCTED IN 2019 AND IS AVAILABLE ON THE
FOLLOWING WEBSITE:

[HTTPS://WWW.COMHS.ORG/ABOUT-US/COMMUNITY-HEALTH-NEEDS-ASSESSMENT](https://www.comhs.org/about-us/community-health-needs-assessment)

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

IN ADDITION TO OUR CHNA, WHICH IS CONDUCTED EVERY THREE YEARS, ST.

CATHERINE HOSPITAL CONTINUALLY ASSESSES THE HEALTHCARE NEEDS OF THE

COMMUNITIES IT SERVES. THIS IS AN ONGOING ENDEAVOR IN WHICH WE RELY

HEAVILY UPON INPUT FROM OUR COMMUNITY LEADERS. WE ALSO CONDUCT MANY

HEALTHCARE RELATED EVENTS THROUGHOUT THE YEAR WITHIN THE COMMUNITY. THIS

CAN VARY FROM EDUCATIONAL CLASSES TO SPECIFIC DISEASE SCREENINGS. WE

HAVE ALSO FOUND THAT A GOOD DATA SOURCE IS OUR PATIENTS. WE FREQUENTLY

SURVEY OUR PATIENTS TO OBTAIN THIS INFORMATION.

3. PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE

PATIENTS WHO ARE ADMITTED WITHOUT INSURANCE ARE DIRECTED TO THE

HOSPITAL'S FINANCIAL COUNSELORS. THE FINANCIAL COUNSELORS PERFORM AN

INTERVIEW WITH THE PATIENTS TO EXPLAIN TO THEM THE PROCESS NECESSARY TO

RECEIVE FINANCIAL ASSISTANCE. THIS PROCESS INCLUDES APPLYING FOR

MEDICAID OR OTHER GOVERNMENT AID. THE APPLICANT THEN MUST FILL OUT A

FINANCIAL INFORMATION WORKSHEET AND SUBMIT VARIOUS INFORMATION TO

DETERMINE IF THEY QUALIFY FOR FINANCIAL ASSISTANCE IN ACCORDANCE WITH THE

FINANCIAL ASSISTANCE POLICY. THE POLICY IS POSTED IN THE EMERGENCY ROOM

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

AREA AS WELL AS AT EACH INPATIENT WAITING DESK. THE INFORMATION IS ALSO

AVAILABLE ON OUR WEBSITE.

4. COMMUNITY INFORMATION

LOCATED IN EAST CHICAGO, INDIANA, THE COMMUNITY SERVED INCLUDES NORTHWEST INDIANA. LATEST U.S. CENSUS BUREAU DEMOGRAPHIC INFORMATION COMPARING EAST CHICAGO TO THE STATE OF INDIANA:

	EAST CHICAGO	INDIANA
PERSONS UNDER 18 YEARS, PERCENT, 2010	30.1%	23.4%
PERSONS 65 YEARS AND OVER, PERCENT, 2010	12.3%	15.8%
WHITE ALONE, PERCENT, 2010 (A)	24.5%	85.1%
BLACK OR AFRICAN AMERICAN ALONE, PERCENT, 2010 (A)	36.4%	9.8%
HISPANIC OR LATINO, PERCENT, 2010 (B)	57.0%	7.1%
WHITE ALONE, NOT HISPANIC OR LATINO, PERCENT, 2010	6.5%	78.9%
HIGH SCHOOL GRADUATE OR HIGHER, AGE 25+, 2013-2017	72.1%	88.3%
BACHELOR'S DEGREE OR HIGHER, AGE 25+, 2013-2017	8.6%	25.3%
MEDIAN HOUSEHOLD INCOME, 2013-2017	\$30,205	\$52,182
PERSONS IN POVERTY, PERCENT, 2013-2017	34.6%	13.1%

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

(A) INCLUDES PERSONS REPORTING ONLY ONE RACE.

(B) HISPANICS MAY BE OF ANY RACE, SO ALSO ARE INCLUDED IN APPLICABLE RACE

CATEGORIES

5. PROMOTION OF COMMUNITY HEALTH

OVERVIEW

ST. CATHERINE HOSPITAL IS A 211-BED, ACUTE CARE HOSPITAL IN EAST CHICAGO

OPERATING WITHIN THE COMMUNITY HEALTHCARE SYSTEM.

COMMUNITY HEALTHCARE SYSTEM IS A LEADING MEDICAL PROVIDER IN NORTHWEST INDIANA WITH THREE HOSPITALS, OUTPATIENT CENTERS, PHYSICIAN PRACTICES, MEDICALLY BASED FITNESS CENTER FITNESS POINTE, THE CENTER FOR VISUAL AND PERFORMING ARTS, COMMUNITY CANCER RESEARCH FOUNDATION AND ITS SUPPORT PROGRAM, THE CANCER RESOURCE CENTRE AND A CONTINUING CARE RETIREMENT COMMUNITY, HARTSFIELD VILLAGE. ST. CATHERINE HOSPITAL'S SISTER HOSPITALS INCLUDE COMMUNITY HOSPITAL IN MUNSTER AND ST. MARY MEDICAL CENTER IN HOBART.

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

COMMUNITY HEALTHCARE SYSTEM'S NETWORK OF CARE LOCATIONS INCLUDES

OUTPATIENT, SURGICAL AND REHABILITATION CENTERS, PHYSICIAN PRACTICES,

BEHAVIORAL HEALTH SERVICES, OCCUPATIONAL HEALTH, ORTHOPEDIC SERVICES,

DIABETES SELF-MANAGEMENT, DIETARY COUNSELING, SPORTS MEDICINE AND HOME

HEALTH.

THE HEALTHCARE SYSTEM'S PARENT COMPANY IS COMMUNITY FOUNDATION OF

NORTHWEST INDIANA, INC., A NON-PROFIT ORGANIZATION PROVIDING LEADERSHIP

AND RESOURCES FOR THE ADVANCEMENT OF GOOD HEALTH AND COMMUNITY HEALTH

INITIATIVES IN NORTHWEST INDIANA. PROJECTS THE FOUNDATION SERVE ARE

DEDICATED TO STRENGTHENING ART, CULTURE AND QUALITY OF LIFE IN LOCAL

COMMUNITIES.

THOSE PROJECTS THROUGH THE YEARS HAVE INCLUDED THE DEVELOPMENT OF THE

CENTER FOR VISUAL AND PERFORMING ARTS; DONATION OF LAND AND FUNDS TO

CREATE THE COMMUNITY VETERANS MEMORIAL AND COMMUNITY ESTATES, A

RESIDENTIAL NEIGHBORHOOD IN MUNSTER.

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

COMMITMENT TO QUALITY CARE

ST. CATHERINE HOSPITAL IS COMMITTED TO DELIVERING THE HIGHEST QUALITY HEALTHCARE IN THE MOST COST-EFFICIENT WAY, RESPECTING THE DIGNITY OF THE INDIVIDUAL WHILE PROVIDING FOR THE WELLBEING OF THE COMMUNITY AND NEEDS OF ALL PEOPLE INCLUDING THE POOR, UNDERSERVED AND DISADVANTAGED. ESTABLISHED IN 1928, THE HOSPITAL LARGELY SERVING THE COMMUNITIES OF EAST CHICAGO, HAMMOND, GARY, GRIFFITH, HIGHLAND AND WHITING RECEIVED SEVERAL NOTABLE ACCREDITATIONS AND RECOGNITION FOR COMMITMENT TO QUALITY PATIENT CARE.

FOLLOWING IS A SYNOPSIS OF SIGNIFICANT ACCREDITATIONS AND DISTINCTIONS:

THE CENTERS FOR MEDICARE & MEDICAID SERVICES IN 2016 AND 2017 ISSUED ST. CATHERINE HOSPITAL THE HIGHEST, 5-STAR RATING POSSIBLE ON THE FEDERAL

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

GOVERNMENT'S NEW CONSUMER WEBSITE, HOSPITALCOMPARE.GOV.

THE QUALITY CARE RATING, INTRODUCED TO CONSUMERS IN JULY 2016 BY CMS TO
CREATE AN UNIFORM HOSPITAL RATING SYSTEM FOR CONSUMERS TO RELY UPON
ACROSS THE NATION, FOLLOWED AN ASSESSMENT OF 4,599 HOSPITALS IN THE U.S.
ON A NUMBER OF METRICS. IN 2018, CMS ADVISED QUALITY THAT ST. CATHERINE
HOSPITAL HAD IN TWO SEPARATE REPORTING PERIODS EARNED 4 AND 5-STAR
RATINGS.

THE STAR RATINGS MEASURE ROUTINE CARE, SAFETY OF CARE, EFFECTIVENESS AND
TIMELINESS OF CARE, EFFICIENT USE OF IMAGING, PROTOCOL TO MINIMIZE
HOSPITAL ACQUIRED INFECTIONS AS WELL AS MEDICARE SPENDING, MORTALITY
RATE, FREQUENCY OF READMISSION AND OVERALL PATIENT EXPERIENCE.

-AMERICAN HEART ASSOCIATION'S GET WITH THE GUIDELINES® GOLD PLUS AND
TARGET STROKE ELITE AWARD 2018 (ALSO EARNED IN 2017)

-ANTHEM BLUE CROSS/BLOCK SHIELD DISTINCTION OF EXCELLENCE IN HOME HEALTH,

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

2018

-CARF INTERNATIONAL ACCREDITATION: INPATIENT REHABILITATION PROGRAM

(ADULTS); STROKE SPECIALTY PROGRAM (ADULTS), 2018

-EXCELLENCE IN PATIENT SAFETY: 'A' GRADE, LEAPFROG GROUP, SPRING 2018

-JOINT COMMISSION, PRIMARY STROKE CENTER, 2017-19; STROKE ADVANCED

CERTIFICATION FOR DISEASE MANAGEMENT OF STROKE, 2017-2018

-JOINT COMMISSION ADVANCED GOLD SEAL CERTIFICATION FOR INPATIENT DIABETES

CARE. THE HOSPITAL TWO-YEAR ACCREDITATION WAS RENEWED IN 2018 AFTER AN

ONSITE RECERTIFICATION PROCESS

-NATIONAL SAFE SLEEP HOSPITAL GOLD CERTIFICATION, CRIBS FOR KIDS

-WOMEN'S CHOICE AWARD FOR BEST HOSPITALS IN AMERICA FOR PATIENT SAFETY

(2018) AND HEART CARE (2017 AND 2018)

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

-LAKESHORE CHAMBER OF COMMERCE ECONOMIC DEVELOPMENT ALSO EARNED IN 2016

AND 2017.

-LAKESHORE CHAMBER LONGEVITY AWARD FOR 90 YEARS OF SERVICE TO EAST

CHICAGO AND NORTHWEST INDIANA.

IMPROVEMENTS: CONSTRUCTION & TECHNOLOGY

ST. CATHERINE HOSPITAL COMPLETED NUMEROUS CONSTRUCTION AND CAPITAL

IMPROVEMENT PROJECTS.

IN 2018, THE LAKESHORE CHAMBER OF COMMERCE PRESENTED THE HOSPITAL WITH

ITS THIRD CONSECUTIVE ECONOMIC DEVELOPMENT AWARD FOR TECHNOLOGICAL AND

CAPITAL IMPROVEMENTS TO THE HOSPITAL AND ITS CAMPUS.

THE PROJECTS INCLUDE:

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

-ACQUISITION OF THE DAVINCI SI SURGICAL ROBOT FOR MINIMALLY INVASIVE
SURGERIES. THE DAVINCI SYSTEM WAS INTRODUCED BY DEMONSTRATION TO THE
PUBLIC AT ST. CATHERINE HOSPITAL'S 90TH ANNIVERSARY HEALTH FAIR IN APRIL,
AN EVENT ATTENDED BY 150 PEOPLE WHICH INCLUDED FREE HEALTH SCREENINGS.
THE HOSPITAL ALSO ACQUIRED A SECOND 64-SLICE CT SCAN AND DEVELOPED A
DIALYSIS TREATMENT CENTER FOR ACUTE CARE.

-RENOVATION OF THE SOUTH AND NORTH ENTRANCE LOBBIES AND PUBLIC HALLWAYS
IN SURGICAL SERVICES; THE PROFESSIONAL OFFICE BUILDING TOWER AND THE
BLOCK WING OF THE HOSPITAL.

-AESTHETIC, STRUCTURAL AND ENERGY EFFICIENCY IMPROVEMENTS TO THE ORIGINAL
HOSPITAL BUILDING. THE HOSPITAL OPENED IN 1928.

-RECONSTRUCTION OF THE KITCHEN, FOOD PREPARATION AND AIR HANDLING AREAS.

-OUTDOOR SIGN MODERNIZATION TO IMPROVE VISIBILITY AND BRAND AWARENESS OF

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

ITS CONNECTION TO COMMUNITY HEALTHCARE SYSTEM IN ITS HISTORIC

NEIGHBORHOOD SETTING.

OUR MISSION

ST. CATHERINE HOSPITAL FOCUSES ON DESIGNING AND PROVIDING SERVICES TO
MEET THE NEEDS OF ITS DIVERSE COMMUNITY IN EAST CHICAGO AND SURROUNDING
COMMUNITIES OF NORTHWEST INDIANA.

AS A NON-PROFIT ORGANIZATION, ST. CATHERINE HOSPITAL OFFERS NUMEROUS FREE
PROGRAMS, SPECIAL EVENTS, PREVENTATIVE SCREENINGS AND SUPPORT GROUPS THAT
AIM TO HELP TO IMPROVE HEALTH, WELLNESS AND QUALITY OF LIFE IN NORTHWEST
INDIANA. EFFORTS TO IMPROVE ACCESS TO CARE, ENGAGE PATIENTS IN MEANINGFUL
DISCUSSIONS ABOUT LIFESTYLE CHOICES AND INCREASE PREVENTIVE SCREENING
OPPORTUNITIES ARE HAVING A POSITIVE EFFECT ON THE HEALTH OF THE
COMMUNITY.

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

ST. CATHERINE HOSPITAL TAKES PRIDE IN BEING RESPONSIVE TO THE NEEDS OF
THE COMMUNITY.

THE HOSPITAL REGULARLY SURVEYS PATIENTS TO IDENTIFY THEIR OUTSTANDING
NEEDS AND ASCERTAIN THEIR SATISFACTION WITH FACILITIES, CARE AND THE
SERVICES.

RESULTS FROM PRIOR COMMUNITY SURVEYS AND COMMITMENT TO COMMUNITY CARE IN
2018 LED TO THE FOLLOWING INITIATIVES:

-PLACEMENT OF AN ONCOLOGIST IN CYBERKNIFE INFUSION CLINIC IN 2017 AND
2018; A FIRST-STEP TO GROW THE CANCER CARE SERVICE LINE IN 2019

-THE HOSPITAL, TOGETHER WITH ITS SISTER HOSPITALS WITHIN THE COMMUNITY
HEALTHCARE SYSTEM, WAS SELECTED TO PARTNER WITH RUSH UNIVERSITY MEDICAL
CENTER ON THE TELESTROKE PROGRAM, ENHANCING THE ALREADY QUICK RESPONSE TO
THE DETECTION AND TREATMENT OF STROKE PATIENTS.

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

-THE HOSPITAL'S ACUTE REHABILITATION CENTER WAS SELECTED BY KINDRED HOSPITAL REHABILITATION SERVICES AS THE NATIONAL PILOT PROGRAM FOR ITS REHABTRACKER TECHNOLOGY. THE SOFTWARE APPLICATION ENABLES REHAB STAFF TO CONDUCT THERAPY USING A HAND-HELD DEVICE THAT WORKS LIKE A FITBIT. THE MOBILE APP TRACKS A PATIENTS' ACTIVITIES; THE DATA CAN BE SHARED WITH RELATIVES, FRIENDS AND THERAPISTS TO HELP SPEED THE RECOVERY OF PATIENTS AND TRANSITION THEM TO PLACEMENT IN THEIR HOME. THE HOSPITAL HAD AN INCREASE IN POSITIVE OUTCOMES IN A SHORTER AMOUNT OF TIME AS A RESULT OF THE NEW TECHNOLOGY.

-LAUNCHED CARDIOVASCULAR DISEASE PREVENTION (CVP) PROGRAM TO HELP RESIDENTS LEARN IF THEY ARE AT RISK FOR CARDIOVASCULAR ISSUES, STROKE OR DIABETES. THE FREE PROGRAM IS ADMINISTERED THROUGH A SERIES OF COMMUNITY-BASED EVENTS. THE CVP RISK ASSESSMENT WAS FOUND IN 2018 TO BE AN EFFECTIVE WAY TO IDENTIFY RESIDENTS IN NEED OF INTERVENTION, FURTHER TESTING OR REFERRALS TO A PRIMARY CARE PHYSICIAN, DIABETES COUNSELOR OR CARDIOLOGIST. THIS PROGRAM INTERFACES WITH THE CENTER FOR DIABETES WHICH HAS ADVANCED CERTIFICATION FOR INPATIENT DIABETES CARE FROM THE JOINT

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

COMMISSION.

-BEGAN OFFERING HEALTHY4LIFE SEMINARS FOR COMMUNITY HEALTHCARE SYSTEM'S
BARIATRIC SURGERY PROGRAM. THE SEMINARS IN EAST CHICAGO ARE CONNECTING
WITH RESIDENTS WHO HAVE A HISTORY OF HIGH OBESITY AND COMORBIDITY ISSUES.

-ST. CATHERINE HOSPITAL'S ROLE WITH THE NURSE-FAMILY PARTNERSHIP TO CURB
INFANT MORTALITY CONTINUED IN 2018 AND WILL EXTEND INTO 2019. THE
HOSPITAL ALSO OPENED ITS LACTATION CENTER WITH CERTIFIED LACTATION
COUNSELORS; AND ALSO CONTINUED TO SERVE RESIDENTS IN THE HESSVILLE AREA
OF HAMMOND WITH FAMILY MEDICINE, MIDWIFERY AND OBSTETRICS.

OUTREACH EDUCATION PROGRAMS AND SCREENINGS

OVER THE PAST SEVERAL YEARS, EFFORTS HAVE BEEN MADE TO FURTHER DEVELOP
OUTREACH EDUCATION PROGRAMS, SUPPORT GROUPS AND OFFER HEALTH SCREENINGS

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

THAT ADDRESS CHALLENGES IN OUR NEIGHBORHOODS. THESE CHALLENGES INCLUDE

ACCESS TO HEALTHCARE, INFANT MORTALITY, MENTAL HEALTH, OBESITY AND

DIABETES, PREVENTIVE CARE, NUTRITION AND EXERCISE.

OUR EDUCATION PROGRAMS AND OUTREACH ARE AIMED AT MAKING HEADWAY IN ALL OF

THOSE AREAS.

ST. CATHERINE HOSPITAL'S PHARMACY DEPARTMENT'S LOW-COST RETAIL PHARMACY

OFFERS CONCIERGE SERVICE TO PATIENTS AND PROVIDES ONE-ON-ONE COUNSELING

TO PATIENTS AND CUSTOMERS. TO BRIDGE TRANSPORTATION ISSUES, OUR HOSPITAL

PROVIDES PATIENT TRANSPORTATION TO APPOINTMENTS AT NO COST.

ST. CATHERINE HOSPITAL STAFF PLAYED A ROLE IN HELPING TO ACQUIRE THE

NURSE-FAMILY PARTNERSHIP (NFP) PROGRAM FOR NORTHWEST INDIANA IN 2016.

THIS EVIDENCE-BASED, COMMUNITY HEALTH PROGRAM HELPS TO TRANSFORM THE

LIVES OF VULNERABLE MOTHERS PREGNANT WITH THEIR FIRST CHILD. EACH MOTHER

SERVED BY NFP IS PARTNERED WITH A REGISTERED NURSE EARLY IN HER PREGNANCY

AND RECEIVES ONGOING NURSE HOME VISITS THAT CONTINUE THROUGH HER CHILD'S

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

SECOND BIRTHDAY. THE NFP IS A PROGRAM THAT IS HELPING TO ADDRESS THE RISKS OF POVERTY, PRETERM BIRTHS, OTHER POOR MATERNAL AND CHILD HEALTH OUTCOMES, HIGH SCHOOL DROPOUT RATES, DOMESTIC VIOLENCE AND CHILD MALTREATMENT. IN 2017, THE HOSPITAL PROVIDED OFFICE SPACE TO NFP STAFF TO SITUATE THEM CLOSE TO THEIR CLIENT BASE. IN 2018, THERE WERE LEADERSHIP CHANGES WITHIN THE NFP, BUT THE HOSPITAL CONTINUED TO SERVE AS A CONDUIT IN THEIR MISSION TO REACH FIRST-TIME, AT-RISK MOTHERS.

MENTAL HEALTH AMERICA OF NORTHWEST INDIANA ALSO WORKS IN PARTNERSHIP WITH ST. CATHERINE HOSPITAL TO OFFER MENTAL HEALTH COUNSELING AND A SEGMENT OF THE PATIENT POPULATION WITH SAFE SLEEP ENVIRONMENT PACK-N-PLAY SETS.

MESSAGING TO NEW MOTHERS IS ONGOING REGARDING SAFE SLEEP PRACTICES. IN 2016-17, THE FAMILY BIRTHING CENTER WELCOMED TWO CERTIFIED REGISTERED NURSE LACTATION CONSULTANTS. THE LACTATION CENTER OPENED IN 2018. NEW PARENTS GET A FREE HALO ONESIE SLEEP SACK AND A CAR SAFETY SEAT.

AT ST. CATHERINE HOSPITAL, A NUMBER OF PROGRAMS HAVE BEEN IN PLACE TO

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

CONTINUE TO MAKE STRIDES ON PRIORITY HEALTH AREAS, IMPROVE LIFESTYLES AND

GET ON AND STAY ON A HEALTHY LIVING TRACT.

THE PROGRAMS INCLUDED:

-THREE PUBLIC HEALTH FAIRS INCLUDING AN ANNIVERSARY EVENT FEATURING
HEALTH SCREENINGS AND DEMONSTRATIONS ON ROBOTIC TECHNOLOGY

-FREE MAMMOGRAMS FOR INCOME-ELIGIBLE CLIENTS IN THE ST. CATHERINE
HOSPITAL SERVICE AREA THROUGH A \$20,000 GRANT FROM THE INDIANA BREAST
CANCER AWARENESS TRUST

-PUBLIC ACCESS TO THE HOSPITAL'S WELLNESS CENTER, A GYM SUPERVISED BY
CARDIAC REHABILITATION STAFF, THROUGH A LOW-COST MEMBERSHIP PROGRAM

-FREE BLOOD PRESSURE SCREENINGS

-PHYSICIAN PRESENTATIONS AND SYMPOSIUMS SIX TIMES A YEAR ON A RANGE OF

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

SUBJECTS THAT INCLUDE HEARING LOSS, AGING AND DEPRESSION, STROKE AND

DIABETES

-HALF-HOUR MONTHLY WJOB RADIO TALK SHOW THAT FOCUSES ON HEALTH TOPICS,

NEW TREATMENTS AND SERVICES, PATIENT TESTIMONIALS AND ANNOUNCEMENTS OF

HEALTH-RELATED EVENTS BY THE HOSPITAL AND COMMUNITY HEALTHCARE SYSTEM

-EMPLOYEE HEALTH FAIRS FOR BP WORKERS IN WHITING AND AMERISTAR CASINO IN

EAST CHICAGO; CONDUCTED WITH OCCUPATIONAL HEALTH

-LAINI FLUELLEN CHARITIES SPONSORSHIP TO IMPROVE HEALTH OUTCOMES FOR

AFRICAN-AMERICAN & HISPANIC WOMEN DIAGNOSED WITH BREAST CANCER BY RAISING

FUNDS FOR THE RESEARCH AND DEVELOPMENT OF TREATMENTS FOR TNBC, TRIPLE

NEGATIVE BREAST CANCER; PROVIDE CARE COORDINATION AND NAVIGATION SERVICES

FOR WOMEN AT HIGH RISK FOR DEVELOPING BREAST CANCER.

-PARTNERSHIP WITH MENTAL HEALTH AMERICA TO HOST THE BIG LATCH, A PROGRAM

TO CALL ATTENTION TO THE IMPORTANCE OF BREASTFEEDING WHICH RECEIVED A

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

COLLABORATION AWARD FROM LAKE AREA UNITED WAY (2017)

-CARDIOVASCULAR DISEASE PREVENTION CENTER ASSESSMENTS OFFERED FREE AT

YMCAS IN HAMMOND AND WHITING TO HELP RESIDENTS LEARN THEIR RISK FOR

CARDIOVASCULAR ISSUES INCLUDING STROKE AND DIABETES

-A YOUTH FOOTBALL CAMP HOSTED BY AN NFL PLAYER AT EAST CHICAGO CENTRAL

HIGH SCHOOL THAT INCLUDES SCIENCE AND WELLNESS EXHIBITS AND INFORMATION

SESSIONS FOR CAMP ATTENDEES, FREE PHYSICIAN, THERAPIST AND SPORTS

MEDICINE PRESENTATIONS FOR PARENTS AND DEMONSTRATIONS ON CPR, CONCUSSION

AND SPORTS INJURY PREVENTION, NUTRITION AND WELLNESS MESSAGES RELATING TO

YOUNG ATHLETES. THE CAMP, CONDUCTED IN PARTNERSHIP WITH THE CONCUSSION

CLINIC OF COMMUNITY HEALTHCARE SYSTEM, IS FREE TO ABOUT 200 KIDS AGES 9

TO 14 FROM ACROSS NORTHWEST INDIANA AND HAS BEEN HOSTED YEARLY SINCE

EDUCATION PROGRAMS ARE ASSOCIATED WITH THE SERVICES THAT WE OFFER, SUCH

AS KEEPING BABY SAFE AND HEALTHY, DIABETES MANAGEMENT AND CARDIOVASCULAR

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

DISEASE RISK ASSESSMENTS. THE HOSPITAL ALSO OFFERS CLASSES/PRESENTATIONS
ON TOPICS THE COMMUNITY DEEMS IMPORTANT, SUCH AS ALLERGY AND SINUS
ISSUES, HEARING LOSS, SWALLOWING AND SPEECH CONDITIONS, COGNITIVE
THINKING AND OVERALL MENTAL WELLNESS.

AS A SYSTEM, ST. CATHERINE HOSPITAL STAFF HAD A ROLE IN THE EXTRAORDINARY
WOMEN'S CONFERENCE AT THE CENTER FOR VISUAL AND PERFORMING ARTS IN 2018,
ATTENDED BY MORE THAN 200 PEOPLE FROM NORTHWEST INDIANA AND OFFERING MORE
THAN 30 FREE HEALTH SCREENINGS. THE EVENT INCLUDED WELLNESS PRESENTATIONS
BY PHYSICIANS AND AUTHOR TRACY DEGRAAF, A CANCER SURVIVOR AND COMEDIAN,
WHO WROTE THE BOOK, "LAUGH ANYWAY."

FREE SCREENINGS OFFERED BY THE HOSPITAL AT HEALTH FAIRS AND SPECIAL
EVENTS INCLUDE BONE DENSITY, BALANCE, SIT-STAND, PULSE OX, CHOLESTEROL,
H-A1C, BLOOD PRESSURE, BMI, STRENGTH, HEIGHT, METABOLIC SYNDROME AND
WEIGHT.

OUR NEWEST 'SAFETY NET' ASSESSMENT FOR 2018 IS THE VASCULAR SCREENING

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

THAT WILL HELP IDENTIFY POSSIBLE RISKS FOR STROKE OR HEART ATTACK BEFORE
ONSET OF SYMPTOMS. IN ADDITION TO THE CVP ASSESSMENT, THE HOSPITAL ALSO
PROVIDES A LIMB ISCHEMIA AND VASCULAR EXCELLENCE (LIVE) SCREENING WHICH
INCLUDES STROKE/CAROTID ARTERY SCREENING, HEART RHYTHM, ABDOMINAL AORTIC
ANEURYSM (AAA) AND PERIPHERAL VASCULAR DISEASE SCREENING (PVD).
THE SYSTEM-WIDE LIVE PROGRAM GOT UNDERWAY IN 2017 TO OPTIMIZE OUTCOMES
AND PREVENT LOWER LIMB LOSS IN PATIENTS WITH PVD, CRITICAL LIMB ISCHEMIA,
VENOUS DISEASE AND NON-HEALING WOUNDS. IN 2018, THIS PROGRAM WAS
CONDUCTED IN TANDEM WITH CVP.

COMMUNITY OUTREACH

ST. CATHERINE HOSPITAL HAS ESTABLISHED IMPORTANT ALLIANCES WITH SEVERAL
COMMUNITY-BASED ORGANIZATIONS TO CREATE A STRONGER NETWORK OF ACCESS
ACROSS ITS SERVICE LINES. THE HOSPITAL PARTNERS WITH AREA RELIGIOUS
INSTITUTIONS INCLUDING THE LIVING WATER MISSIONARY BAPTIST CHURCH, ST.
MARK AME, GREATER DESTINY BIBLE BAPTIST CHURCH AND POOR HANDMAIDS OF

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

JESUS CHRIST - AND SOCIAL SERVICE AGENCIES AND CITY/TOWN DEPARTMENTS TO
PROVIDE EDUCATION AND SUPPORT SERVICES.

ST. CATHERINE HOSPITAL OFFERS A WELL WALKER'S CLUB IN THREE CITIES - EAST
CHICAGO, HIGHLAND AND WHITING - TO EDUCATE THE PUBLIC DURING MONTHLY
MEETINGS, ENCOURAGE EXERCISE VIA WALKING, PROVIDE AN OPPORTUNITY TO MEET
NEW PEOPLE WITH SIMILAR INTERESTS AND VIRTUALLY TOUR THE WORLD THROUGH A
WALKING CAMPAIGN. THIS LONG RUNNING PROGRAM, IN PLACE SINCE 2007 AND
CURRENTLY CLAIMING ABOUT 65 MEMBERS, EVOLVED IN 2018 TO INCLUDE MORE
PHYSICAL FITNESS-RELATED ACTIVITIES SUCH AS ZUMBA, CHAIR YOGA, STRENGTH
AND BALANCE EXERCISES AND WELLNESS EDUCATION.

THE HOSPITAL, IN PARTNERSHIP WITH THE MULTICULTURAL WELLNESS NETWORK,
ALSO OFFERS MONTHLY BLOOD PRESSURE SCREENINGS AND TALKS AT EAST CHICAGO
PUBLIC LIBRARIES AND THE WHITING PUBLIC LIBRARY AND HEALTH-RELATED
DISPLAYS IN THE GALLERY OF LOCAL LIBRARIES.

PRESENTATIONS AND OPEN HOUSES ALSO HAVE BEEN HELD AT THE HAMMOND YMCA AND

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

WHITING COMMUNITY HEALTH CENTER.

THE HOSPITAL BROADENED ITS WORKFORCE DEVELOPMENT INITIATIVES TO INSPIRE
YOUTH TO PURSUE A CAREER IN HEALTHCARE THROUGH HAMMOND AREA CAREER CENTER
APPEARANCES TO STUDENTS FROM ACROSS NORTHWEST INDIANA. IN 2018, THE
HOSPITAL JOINED IVY TECH, EAST CHICAGO SCHOOL DISTRICT AND EAST CHICAGO
FOUNDATION ON A PILOT CAREER PATHWAY PROGRAM, 'I HAVE PROMISE.' THE
MENTORING PROGRAM FOR STUDENTS WHO ARE INTERESTED IN PURSUING A
HEALTHCARE CAREER WAS LAUNCHED IN JANUARY 2019.

CANCER SURVIVORS DAY WAS HOSTED AT COMMUNITY HOSPITAL IN JUNE IN
PARTNERSHIP WITH THE CANCER RESOURCE CENTRE AS A LOCAL CELEBRATION OF
THIS NATIONAL EVENT, HONORING THE STRENGTH AND COURAGE OF THOSE WHO HAVE
LIVED AND CONTINUE TO LIVE WITH CANCER. FOOD, ENTERTAINMENT, MASSAGES,
GAMES, A CHAIR YOGA DEMONSTRATION AND MEDITATION WERE PART OF THE ANNUAL
PROGRAM.

ST. CATHERINE HOSPITAL ALSO WORKS CLOSELY WITH HEALTHLINC, A FEDERALLY

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

QUALIFIED HEALTH CENTER, NORTHSORE AND THE 219 HEALTH NETWORK. THE
MISSION OF THESE NETWORKS IS TO IMPROVE THE HEALTH AND WELLNESS OF
UNDERSERVED CITIZENS OF EAST CHICAGO BY INCREASING ACCESS TO PROGRAMS
THAT ENCOURAGE HEALTHY EATING, PHYSICAL ACTIVITY, BEHAVIORAL AND PHYSICAL
HEALTH, OBSTETRICS/GYNECOLOGIC NEEDS, TOBACCO CESSATION AND
SELF-MANAGEMENT OF CHRONIC DISEASES.

MISSION, VISION, AND VALUES

MISSION: COMMUNITY HEALTHCARE SYSTEM IS COMMITTED TO PROVIDE THE HIGHEST
QUALITY CARE IN THE MOST COST-EFFICIENT MANNER, RESPECTING THE DIGNITY OF
THE INDIVIDUAL, PROVIDING FOR THE WELL BEING OF THE COMMUNITY AND SERVING
THE NEEDS OF ALL PEOPLE, INCLUDING THE POOR AND DISADVANTAGED.

VISION: COMMUNITY HEALTHCARE SYSTEM IS ONE MEDICAL PROVIDER ORGANIZED

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

ACROSS THREE HOSPITAL CAMPUSES. IT LINKS THREE INDIANA HOSPITALS -
COMMUNITY HOSPITAL IN MUNSTER; ST. CATHERINE HOSPITAL IN EAST CHICAGO;
AND ST. MARY MEDICAL CENTER IN HOBART - AND MANY OUTPATIENT CLINICS AND
PHYSICIAN OFFICES. THE SYSTEM IS DEDICATED TO MAINTAIN THE CATHOLIC
TRADITION OF ST. CATHERINE HOSPITAL AND ST. MARY MEDICAL CENTER AS WELL
AS THE NON-SECTARIAN FOUNDATION OF COMMUNITY HOSPITAL. COMMUNITY
HEALTHCARE SYSTEM WILL BECOME THE PROMINENT, INTEGRATED HEALTHCARE SYSTEM
IN NORTHWEST INDIANA. THROUGH INTEGRATION, THE SYSTEM WILL CAPITALIZE ON
OPPORTUNITIES TO INCREASE OVERALL GROWTH, IMPROVE OPERATING EFFICIENCY,
AND REALIZE CAPITAL TO BETTER SERVE OUR PATIENTS, PHYSICIANS, AND
EMPLOYEES.

VALUES:

DIGNITY - WE VALUE THE DIGNITY OF HUMAN LIFE, WHICH IS SACRED AND
DESERVING OF RESPECT AND FAIRNESS THROUGHOUT ITS STAGES OF EXISTENCE.

COMPASSIONATE CARE - WE VALUE COMPASSIONATE CARE, TREATING THOSE WE SERVE

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

AND ONE ANOTHER WITH PROFESSIONALISM, CONCERN AND KINDNESS, EXCEEDING
EXPECTATIONS.

COMMUNITY - WE VALUE MEETING THE VITAL RESPONSIBILITIES IN THE COMMUNITY
WE SERVE, AND TAKE A LEADERSHIP ROLE IN ENHANCING THE QUALITY OF LIFE AND
HEALTH, STRIVING TO REDUCE THE INCIDENCE OF ILLNESS THROUGH CLINICAL
SERVICES, EDUCATION AND PREVENTION.

QUALITY - WE VALUE QUALITY AND STRIVE FOR EXCELLENCE IN ALL WE DO,
WORKING TOGETHER COLLABORATIVELY AS THE POWER OF OUR COMBINED EFFORTS
EXCEEDS WHAT EACH OF US CAN ACCOMPLISH ALONE.

STEWARDSHIP - WE VALUE TRUSTWORTHY STEWARDSHIP AND ADHERENCE TO THE
HIGHEST ETHICAL STANDARDS THAT JUSTIFY PUBLIC TRUST AND PROTECT WHAT IS
OF VALUE TO THE SYSTEM - ITS HUMAN RESOURCES, MATERIAL AND FINANCIAL
ASSETS.

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

6. AFFILIATED HEALTH CARE SYSTEM

ST. CATHERINE HOSPITAL, INC. IS PART OF AN AFFILIATED SYSTEM. EACH

HOSPITAL IN THE SYSTEM PROVIDES MEDICAL SERVICES TO THEIR COMMUNITIES AND

ADJOINING COMMUNITIES. EACH ENTITY'S PURPOSE IS TO PROVIDE HEALTH CARE

TO THOSE WHO NEED IT, INCLUDING THE UNINSURED OR UNDERINSURED.

7. STATE FILING OF COMMUNITY BENEFIT REPORT

INDIANA